

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/575,013

FILING DATE

4-12-07

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1 -				
3		2 -				
4		2 -				
5		2 -				
6		2 -				
7		2 -				
8		2 -				
9		0 -				
10		0 -				
11		0 -				
12		0 -				
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50						
TOTAL IND.	1	↓		↓		↓
TOTAL DEP.	17	←		←		←
TOTAL CLAIMS	18					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						